Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	003283	A. BUILDING _____ B. WING _____	C 03/25/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE OAKS AT GREENWOOD	7212 US HWY 31 S INDIANAPOLIS, IN 46227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for investigation of complaint number IN00087409. Complaint Number: IN00087409: Unsubstantiated due to lack of evidence. Survey dates: March 23, 25, 2011 Facility Number: 003283 Provider Number: 003283 Aim Number: N/A Survey team: Patti Allen BSW Census bed type: Residential: 65 Total: 65 Census payor type: Other: 65 Total: 65 Sample: 3 Village Oaks of Greenwood was found to be in compliance with 410 IAC 16.2-5 in regard to the investigation of Complaint Number IN00087409. Quality review completed 3-28-11 Cathy Emswiller RN	R 000		